LZH000380 Z61

(Reque	estor's Name)
(Addre	ess)
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(City/S	state/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ess Entity Name)
(Docur	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ng Officer:

Office Use Only



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COVER LETTER

2 - 18 June 1

Tallahassee, FL 32314

TO: Registration Section Division of Corporation			
SUBJECT: _ DD N	1 Home Solutio	in LLC	
oomoti <u>— o t</u>		ited Liability Company	
•			
The enclosed Articles of Art	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	<u>Bradley</u>	H. Madrid Name of Person	
	J		
		Firm/Company	
	15539 Horses	hoe lane	
	•	Address	
	Fort Myers, F	(33905	
		City/State and Zip Code	
-	bdm home sol E-mail address: (1	utions 11c @ amail	cation)
For further information conc		9	
Brudley H	Madrid	at (<u>239</u>) 888-	0611
Name of Pe	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the f	ollowing amount:		
/	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailina Addresse		Sprant Addresses	
Mailing Address: Registration Sec		Street Address: Registration Sect	
Division of Cor P.O. Box 6327	porations	Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



October 1, 2024

BRADLEY H MADND 15539 HORSESHOE LANE FORT MYERS, FL 33905

SUBJECT: BDM HOME SOLUTION LLC

Ref. Number: L24000380261

We have received your document for BDM HOME SOLUTION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Missing the last two pages.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN Regulatory Specialist II

2024 OCT 18 PM 1: 09
SECRETARY OF STATE

Letter Number: 024A00021741

ARTICLES OF MENDMENT TO ARTICLES OF ORGANIZATION OF

BDM Home Solution LLC	,
BDM Home Solution LLC (Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{array}{c} 24000380261 \end{array} \).	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab BDM Home Solutions LLC The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	15539 Horse shoe Lane Fort Myers F1, 33905
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15539 Horse shoe Fame Fort Myers Fl, 33905∞
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 15539	Madrid Horse Shoc Lane Fort Myers fl Enter Florida street address yers Gity Tip Code
Fort Mo	Gers Horida 33905 City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member Address Title Name 15539 Horse shoc lang ? - DATE Bradley H Madrid Fort Myers F1 33905 PREMIOVE Change 15539 Horse shoe lane DAdd MGR Bradley H Modrid Fort Myers F1 33905 PRemove ____ Change AMBR Bradley H Madrid 15539 Horse Shoelane DAdd Fort Myers F1 33905 PRemove ____ RChange 15539 Horse shoe ane DANG AP Bradley H Madrid Fort Myers Fl Remove **E**Change 15529 Hore shoe lanc DAdd Bradley H Madrid Fort Myers F1 Remove (Cehange 13539 Hove shoclare DAdd (eo Bradley H Madrid Fort Myers Fl Remove Change

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	1 No. 25 51 1 1 1 1 1	Sper /16/2024	(antional)	
Iffective date, if other than fan effective date is listed, the date Note: If the date inserted in this	must be specific and cannot be p	rior to date of filing or more than	90 days after filing.) Prements, this date wi	ursuant to 605.020 Il not be listed :
Sote: If the date inserted in the locument's effective date on the	ne Department of State's reco	rds.		
	i la	weight of 12:01 a man the	earlier of the The)(ith day after th
record specifies a delayed effe d is filed.	ective date, but not an effectiv	e ume, at 12.01 a.m. on the	earner or. (o) The	way mice w
10 12-703	4)			
Dated 10-18-202	DAM)	·		

Filing Fee: \$25.00